INTERNATIONAL RESCUE COMMITTEE
LIBERIA PROGRAM

QUARTERLY REPORT

MONTSERRADO EBOLA PREVENTION AND RESPONSE

(CONTRACT NO: AID-OFDA-G-14-00204)

JANUARY 1, 2015 – MARCH 31, 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN DISASTER ASSISTANCE

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I. Executive Summary

PROGRAM TITLE: Montserrado Ebola Prevention and Response

PROJECT NO: AID-OFDA-G-14-00204

AGENCY: International Rescue Committee (IRC)

COUNTRY: Liberia

REPORTING PERIOD: January 1, 2015 – March 31, 2015

GOAL: To reduce the morbidity as a result of the Ebola Virus Disease (EVD) outbreak in Montserrado County.

OBJECTIVES:

1. ***Ensure timely case investigation in Montserrado County by supporting coordination, logistics and supplies to the zonal case investigation teams.***
2. ***Public and private health facilities in Montserrado County provided with follow-up support and supervision for Ebola infection control and prevention.***
3. ***Reduce the spread of EVD transmission through scaling up tracing and follow up on all EVD contacts.***
4. ***Improve the collection and management of data in the Ebola response in Montserrado County.***
5. ***Improve the management of dead bodies associated with Ebola infection in Montserrado County.***
6. ***Reduction of the level of stress, fear and stigma for EVD affected families with specific attention to children, mothers and front line health workers.***

BENEFICIARIES: Total targeted: 133,400
IDP beneficiaries: 0

LOCATION: Montserrado County, Liberia

DURATION: September 1, 2014 – May 31, 2015 (9 Months)

Introduction

In early 2015, the MoH established the Montserrado Incident Management System (M-IMS) to improve management and coordination of the Montserrado EVD response. Retaining the geographic division of the county already being utilized by case investigation teams, the M-IMS instituted the "Sector Approach" in an effort to further decentralize management of the response. The Consortium adjusted to this approach by lending logistics and coordination support to the Sectors, and played a key role in coordinating the new actors (CDC, WHO, MSF, M-IMS) who became involved in the response at the ground level as a result of the roll out of the Sector Approach.

During the second quarter, as cases continued to decline, the shape of the EVD response shifted country-wide. The last EVD case, a woman in the advanced stages of the disease, was reported on March 20th, after being triaged at Redemption Hospital, and died on March 27th. As of March 31st, 2015 Liberia had zero confirmed EVD cases, but while the country eagerly awaits being declared Ebola-free, the rest of the region continues to experience active transmission, and systematic and high quality case investigations, contact tracing, dead body management, infection protection and control and psychosocial support continue to be essential. To meet this need, the Consortium has kept its focus on improving the quality of services, strengthening coordination with other organizations and remaining agile and responsive to fill gaps and expand programs as necessary.

With the end of the crisis in sight, the Consortium also began conversations with the MoH, MCHT, M-IMS, WHO and Centers for Disease Control and Prevention (CDC) to discuss how Montserrado County will leverage the capacity built and lessons learned from the EVD response to expand and strengthen the existing surveillance system. During the third quarter the Consortium will focus on maintaining capacity to swiftly identify and respond to any suspected EVD cases while supporting a smooth transition of EVD response activities into a sustainable disease surveillance system under the MCHT.

II. Summary of Key Activities

Objective 1. Ensure timely case investigation in Montserrado County by supporting coordination, logistics, and supplies to the zonal case investigation teams.

Improved Logistics Support to Case Investigation Teams

One of the most significant challenges of the previous reporting period was the inability of the MoH to keep dedicated vehicles for case investigation and it was quickly apparent that the initial approach of providing fuel and maintenance to MoH vehicles would be inadequate to ensure the timely investigation of suspected EVD cases. To solve this, the IRC initially rented vehicles to fill the gap, and later worked with the United Nations Mission for the Ebola Emergency Response (UNMEER) to secure a two-month loan of 10 Nissan Patrols. These vehicles were fueled, maintained and operated by the IRC and as a result the IRC was able to ensure their availability 24 hours per day to respond to suspected EVD cases. At the end of the reporting period under review, the IRC requested that UNMEER donate the vehicles to the IRC for continued use in the Montserrado EVD response, and in April that request was granted.

During the reporting period, the IRC also increased logistics support to improve management and data flow of case investigation forms. To ensure timely arrival of the forms to the MoH, the IRC hired a data courier to retrieve completed forms from designated drop-off points around the county and deliver them to the data team. As a result of this action, the IRC saw a significant improvement in the time it took for the case investigation forms, and thus the information required to initiate contact tracing, to reach the county data team.

Ensured the Systematic Investigation of Every Case

At the beginning of the second quarter, through coordination with MoH, eHealth, GC, and the International Federation of the Red Cross and Red Crescent (IFRC), the IRC finalized placement of case investigators at Ebola Treatment Units (ETU) and with burial teams to ensure systematic investigation of every case. Towards the end of the reporting period under review, as ETUs began closing and Global Communities scaled up the number of burial teams they supported to compensate for the IFRC closing down operations, the IRC adjusted to ensure that no new gaps emerged. Five case investigators (CIs) previously supported by eHealth were shifted to the IRC and placed with new burial teams. An additional four CIs will similarly be shifted from ETUs to join burial teams in April.

Improved Quality of Case Investigations

During the second quarter, the IRC supported the continued professional development of case investigators through refresher trainings on key skills as well as regular supportive supervision in the field.

Four Sector Managers were hired to strengthen supervision, improve record keeping and reporting, and ensure more responsive logistical support to case investigation teams at each of the four sector bases. The Sector Managers are reporting weekly on case investigations performed in their Sectors, representing the case investigation teams in daily Sector meetings, and assisting in the procurement and distribution of materials for the teams and the bases. With the installment of the Sector Managers, the IRC has strengthened supervision of the case investigation teams, and expanded and standardized data collected by those teams. Through these Sector Managers, the IRC has also begun monitoring data points, such as the volume and source of calls received by case investigation teams, which will help Consortium partners in planning for Quarter 3 and beyond.

Additionally, in mid-March, the IRC ran a "Keep Safe, Keep Serving" refresher training to reinforce infection prevention and control (IPC) procedures for case investigators and ambulance nurses. This was identified as an area in need of strengthening as MoH-led trainings at the beginning of the crisis were limited and subsequently focused on ETU staff rather than on field-based teams. In addition, due to reduced EVD in the country it was noted that ambulance and case investigation teams were becoming lax in their adherence to IPC protocols and the Consortium, MoH, and WHO all felt a need to reiterate the importance of these procedures.

Support to Sector Bases

With the introduction of the Sector Approach, there was a need for additional space and equipment to accommodate Sector leadership at the case investigation bases. The IRC stepped in to support logistics and operations for two of the four sector bases, coordinating with the MoH and M-IMS to identify suitable facilities and making minor renovations to ensure that there was water, electricity and secure spaces for case investigation teams to store equipment, and rest while on overnight shifts. The IRC also coordinated with USAID's Power Africa project to

secure and install two 30 kilovolt amps generators and provided office equipment and supplies, internet service, furniture, laptops for Sector Coordinators, and fuel to run the generators.

In addition to this logistics and operational support to two sectors, at the end of the reporting period under review, the IRC was asked to take over the co-coordination role in Sector 2 to replace MSF-Belgium as they scaled back their response. In this role, the IRC helped to coordinate the investigation and response to one confirmed case during the reporting period under review. This included coordinating various actors to conduct an in-depth investigation, providing household materials for a high-risk contact placed under quarantine in a MoH facility, and, through collaboration with the IRC's EVD Response, Readiness and Restoration Project, providing one nurse and one physician's assistant, both with expertise in psychosocial care, to support the monitoring of more than 1,400 contacts at a community school.

In early February, the IRC also coordinated closely with Global Communities to ensure coverage of the coordination role for Sector 4 during the St. Paul outbreak. More information on this outbreak and response is included in the Global Communities report below.

Objective 2. Public and private health facilities in Montserrado County provided with follow-up support and supervision for Ebola infection control and prevention.

IPC Supportive Supervision

Although EVD cases were decreasing throughout this reporting period, IPC supportive supervision at facilities continued to be a priority for the MoH and MCHT as ensuring that facilities remain vigilant, and do not become apathetic in their adherence to IPC protocol is at the forefront of keeping the country from experiencing a resurgence of the epidemic. During the reporting period under review, MTIs IPC teams continued to work with the MCHT to ensure that IPC procedures are explained and implemented at public and private health facilities through supportive supervision.

During the reporting period, MTI's five IPC teams made 563 visits to 115 facilities, conducting regular coaching to facility staff on triage (including correct set up and the use of the EVD flow chart), identifying and training an IPC focal person, proper mixing of chlorine solutions, waste management and facility cleaning, and donning and doffing of PPE. Additionally, teams restocked facilities with essential IPC supplies as they were available. The IPC team also coached and mentored school health staff on IPC protocol at two boarding schools- Lott Carey Mission School and Ricks Institute.

Towards the end of the previous quarter, the MCHT, aware of the eminent re-opening of facilities that had closed during the EVD crisis, reached out for additional partner support. MTI took on the largest share of un-supported facilities, bringing the total number to 140 of the 290 health facilities in Montserrado County. While assessing these facilities, MTI found many of them to have closed permanently, while others were on the County's listing multiple times under different names. Through these assessments, MTI was able to help the CHT put together a more accurate listing and greatly improved the understanding of the network of health facilities throughout the county.

During the reporting period under review, Sector 2 and Sector 4 were declared hot spots due to concentrations of new cases, and facilities within these sectors were prioritized by the MoH. Twenty-four MTI supported facilities fell within these hot spots, and they received focused visits and extra supplies during these flare-ups. Additionally, three IPC teams collaborated with JSI to deliver emergency supplies to these facilities. One facility in particular, New Community Clinic, was hit hard after admitting an EVD positive patient, with seven staff being listed as high-risk contacts as a result of their interaction with the patient. The CDC and WHO teamed with MTI to provide extra support in training, supervision, establishment of a triage and isolation unit, and supply distribution.

MTI also coordinated with other IPC partners (JSI, Jhpiego, the IRC, and MSF-F) to ensure that 95 percent of staff at supported facilities received the "Keep Safe Keep Serving" (KSKS) trainings required by the MoH. Two MTI team members participated in trainings conducted by the IRC at MTI-supported facilities to ensure continuity of the messages between training and the supportive supervision.

In January, the MoH requested a Rapid-Health Facility Assessment Survey to determine the level of service delivery of the Essential Package of Health Services as compared to pre-Ebola levels. MTI's five IPC teams conducted assessments at 134 facilities. This survey also allowed MTI to evaluate the progress of the facilities supported in returning to normal operation.

At the end of the reporting period under review, the IPC teams evaluated supported facilities on compliance with IPC protocols and procedures, including IPC focal person knowledge, proper triage, proper wearing of PPEs, triage algorithm, chlorine mixing, presence of hand washing stations, facility cleanliness, and waste management. The findings show nine percent of facilities to be fully compliant, with 21 percent of facilities nearly compliant and 40 percent of facilities slowly improving. Unfortunately, 31 percent of facilities were non-compliant in implementing the IPC protocols and standards. This evaluation will help in planning to ensure the IPC teams concentrate their efforts on facilities that are most in need of supportive supervision.

Triage and Isolation

MTI has teamed with a local business, Liberia Reconstruction Development Company, to establish triage and isolation units to assist facilities in managing the flow of patients to maintain a safe environment for patients and staff. The first triage structure built by MTI was at ELWA 2 ETU at the request of the IRC. During the reporting period under review, an additional 15 triage and isolation units were established by MTI at supported facilities. When the units were finished, the IPC teams coached staff on proper triaging and management of patients and staff using the new units.

Waste Management

Given that the safe handling of waste is a vital component of IPC, an Environmental Health Technician (EHT) was hired to conduct waste management assessments at MTI-supported facilities. The EHT evaluated MTI's facilities using the criteria set by the MoH and MTI for establishing incinerators, ash pits, and placenta pits. While many facilities did not meet the criteria due to inadequate space, proximity of dense populations and high human traffic, and their buildings being leased rather than owned, twelve new incinerators, ash pits, and placenta pits were established and work has begun on twelve more. Additionally, repairs were started at two of the six facilities found

to have existing incinerators in need of repair. Eleven facilities have incinerators that could not be repaired and needed to be decommissioned for the safety of staff and the surrounding communities. Four have been decommissioned and rebuilt. Three have been decommissioned and are part of the group currently being established. The remaining four will be decommissioned by MTI in the coming quarter.

The EHT conducted training on waste management and incinerator operation for twenty-five staff from the facilities where incinerators were established. Regular supervisory visits were conducted to ensure the new equipment continues to function properly.

Objective 3. Reduce the spread of EVD transmission through scaling up tracing and follow up on all EVD contacts.

Continued Scale-Up of Activities

The roll out of the M-IMS's Sector Approach prompted the scale-up of the contact tracing team staff from eight to 13 monitors and from 22 to 32 zonal supervisors. The incentives for monitors, supervisors, as well as contact tracers were increased after signing a terms of reference that increased their roles and responsibilities and were developed by ACF in conjunction with the M-IMS Case Detection Pillar Lead. ACF continued to provide training, supplies, and logistical and financial support for an average of 140 contact tracers and two data entry clerks in addition to the monitors and zonal supervisors during the reporting period under review.

Improved Quality

Measures to improve the quality of the field activities and data collection continued to be a primary focus. In addition to the 162 persons previously trained on the use of Thermoscans, ACF and the Montserrado County Health Team (MCHT) trained 85 contact tracers and nine Community Liaison Officers (CLOs) in order to expand usage in all zones for improved identification of contacts. Additionally, newly developed Standard Operating Procedures were distributed and reviewed with all monitors and supervisors to ensure consistency in activities. Furthermore, there was an emphasis on quality and performance checks through regular field visits and feedback, and through improved data management procedures. ACF has also been collaborating with eHealth in the use of the mobile data collection application, which was initially piloted and eventually rolled out in all zones, in order to enhance the utility of the data collected.

Key Contact Tracing Activities

As a means of boosting community participation and acceptance, ACF collaborated with community leaders to plan and successfully reintegrate 95 high-risk contacts of a confirmed case into the community after completing the 21-day monitoring period. Furthermore, in response to a newly confirmed case following a short period of no transmission, contact tracing efforts were reinforced in order to monitor approximately 1,400 students in addition to tracing 189 contacts; these activities reflected a significant amount of planning and successful coordination. ACF also delivered 12 sets of hygiene kits to the affected households associated with the confirmed case and provided an orientation on their use.

Community Support

ACF CLOs and Team Leaders led 46 stakeholder and coordination meetings in 13 zones to encourage community engagement and to link communities with necessary services. In total, 2,097 persons including religious and community members and partners such as MSF, UNICEF, and MoH attended the meetings. Some of the issues highlighted were sanitation, safe drinking water, EVD survivors, orphans, and psychosocial support for affected families. Additionally, all CLOs were trained to identify and refer acutely malnourished children to health facilities; in total, they identified and referred 18 children to six clinics.

Objective 4: Improve the collection and management of data in the Ebola response in Montserrado County.

Support to Ebola Dispatch Unit

The IRC's partnership with iLab terminated on March 9th, 2015. Prior to this, iLab provided credit for phones, internet subscriptions for supervisors and photocopies of forms used by the Ebola Dispatch Unit (EDU) to capture information about calls made to the 4455 hotline. Following the termination of its partnerships with iLab, the IRC assumed these responsibilities, and has also begun working with the Dispatch Supervisor to strengthen management within the EDU by helping develop monthly schedules for ambulance and case investigation teams that would ensure 24/7 coverage with these services, and by facilitating regular supervision visits to the teams.

Support to MCHT/M-IMS Data Team

In January and February, iLab supported the MCHT/M-IMS Data Team by providing mobile phone credit, monthly internet access, and a desk phone to facilitate coordination between the data room of the EDU and the field-base teams. iLab also supported volunteers to work in the county data room. Given the drastically reduced number of cases, and the shifting of activities back under the normal structures of the MCHT, this type of support was no longer necessary by the end of the reporting period.

Support to Consortium Partners

During the second quarter, iLab completed work on the Consortium Partners Operational Map, which was introduced to partners in late March. The Operational Map is an online database of Consortium response teams (case investigation, contact tracing and safe and dignified burials), medical facilities and communities, displayed across Montserrado County's 22 zones. It allows partners to maintain and share up to date contact information for response teams and medical facilities. This map will allow the Consortium partners to alter and update their teams as necessary as approaches shift with the evolving response.

Objective 5. Improve the management of dead bodies associated with Ebola infection in Montserrado County.

Sector 4 Coordination

This quarter, in addition to serving as operational and logistics partner, Global Communities took the lead on Sector 4 co-coordination under the new M-IMS structure in Montserrado County. Global Communities established a sector

base at the Duport Road Health Center. This included procurement of office equipment, plumbing updates, internet and communication installations, and providing the necessary administrative support to coordinate response activities.

Three positive EVD cases were identified and investigated in Sector 4 during the reporting period under review. Upon discovery of the first two confirmed cases, Global Communities supported coordination efforts between contact tracers and case investigators to conduct an in depth investigation and effectively isolate and monitor high-risk contacts. Approximately 30 of the total 161 contacts were members of a gang who agreed to be quarantined in an empty medical facility. Global Communities, as part of the Consortium, facilitated the transport of these high-risk individuals to an isolation unit and coordinated with multiple partners to support those contacts as well as other high-risk contacts scattered around the county. From these two cases only one contact became symptomatic, and by March 1st, all contacts of the three confirmed cases from Sector 4 completed their 21-day follow-up.

By the end of the reporting period under review, the number of cases being followed in Sector 4 had decreased significantly, mostly consisting of discharged ETU patients with two negative results. The sector team refocused efforts to supporting active case search with particular focus on major transit points, enhanced outreach to survivors and continued community engagement.

Operationalize Burial and Disinfection Teams

During the reporting period, Global Communities engaged with a number of partners to ensure that burial team coverage was appropriately spread across the county and that the quality of the teams met the standard of teams activated during the height of the crisis. Based on recommendations from technical partners like CDC and WHO to enhance surveillance on dead bodies, Global Communities also expanded the scope of post-mortem swabbing to include health facilities and funeral homes. Moreover, Global Communities increased performance monitoring to the burial teams by developing an evaluation checklist that scored teams on their performance and adherence to safe Dead Body Management protocols.

Global Communities expanded burial team support in Montserrado County from six teams operating in rural parts of the county to near complete coverage of urban areas in three sectors over the reporting period under review. This expansion was a response to the long pending approval from the MoH to scale down to one partner for Safe and Dignified Burials. By the end of the reporting period, Global Communities had created an additional 12 teams in Montserrado County, bringing the total to 18. These teams supported the proper collection, transport and burial of the deceased from health facilities, ETUs and the community.

In addition, Global Communities began working with funeral homes to ensure safe burial practices for a greater proportion of death in Montserrado County. After many weeks of negotiation and collaboration with the mortuaries, eight funeral homes agreed to position trained specimen collectors in their facilities. These individuals, trained and supported by GC, collected specimens for families who reached out directly the funeral homes. This activity enhanced surveillance measures in the county and provided assurance that funeral homes were not being exposed to great risk of transmission

Finally, Global Communities and the IRC collaborated on expanded support to Dead Body Management and swab collection as well as specimen transport at Redemption Hospital. Representatives from the IRC and Global Communities met with the hospital administration to establish internal teams to expeditiously remove deceased patients from the wards and collect specimens for EVD testing, again to ensure that no body that is positive for EVD is returned to the family. Two teams were established at the Redemption Hospital morgue to manage this activity, and a third will be created next quarter to improve the work schedule of the current teams. This intervention immediately improved surveillance at the facility and will be rolled out in three other major hospitals during the next reporting period.

The other key component of the collaboration between the IRC and Global Communities was the provision of transport means for blood and swab samples collected at the hospital. As part of pilot to use lab testing to rule out Ebola so that patients could receive treatment, Global Communities dedicated a vehicle to collect specimens from the hospital and deliver to ELWA lab. The thrice daily pickup gave the hospital the timely results required to provide same day treatment to patients that display symptoms similar to EVD.

Improving Acceptance of Safe Body Management

Despite long standing activities in the county and consistent intervention from many partners, community resistance to safe burial teams remained high in particular areas of Sector 4 and Sector 2. To improve community relations, Global Communities supported a number of dialogue sessions with local leadership and religious groups to discuss the importance of continued safe burial.

The two major areas of concern were the Muslim communities and the densely populated areas of Bushrod Island. As part of improved community engagement, Global Communities facilitated a visit for the town commissioners and block leaders to the safe burial site, to provide an opportunity to ask questions and better understand the processes and procedures of the site, emphasizing that the site provides safe and dignified burials. Leaders were then encouraged to share this information with community members who remained resistant to safe body management and encourage the use of the services available.

In response to a request by community leaders in the Muslim Communities and the Sector 4 Community Engagement Pillar Lead, Global Communities supported a community dialogue sessions with leaders of the Mandingo Caucus, a large Muslim group in Paynesville. WHO and Global Communities discussed the importance of continued safe burial practices and the restriction on bathing bodies despite the county's lack of confirmed cases. As a result, the Mandingo Caucus agreed to restrict this practice if Global Communities would support the formation of an all Muslim burial team. Global Communities agreed to establish this team, as it had been a successful intervention based on lessons learned from Lofa during the early stages of the response. By the end of the reporting period, two Muslim teams were active and operational in Montserrado County.

Objective 6. Reduction of the level of stress, fear and stigma for EVD affected families with specific attention to children, mothers and front line health workers.

Psychological First Aid (PFA) Trainings for Contact Tracers

The priority target group of this training was the EVD contact tracers to reinforce their skills and knowledge, and to help them empower their communities by supporting their strengths and encouraging their coping skills. In order to ensure a good understanding of the PFA principles, the psychosocial team provided regular on-the-job coaching for contact tracers in the communities where they are assigned to work. It is also a way for the psychosocial workers to be introduced to the affected families who are under follow-up.

Psychosocial Support to Affected Families and Communities

During the reporting period, ACFs psychosocial team provided psychosocial support to 1,223 individuals affected by the EVD disease, including sessions on emotional debriefing for survivors, and for affected families who have lost their loved ones.

Specific attention was paid to families and communities experiencing the stress of 21-day follow-up and quarantine. During the monitoring period, the ACF psychosocial team provided psychological support twice a week for a five-week period, and provided additional psychological support if family or community members did not show signs of emotional improvement after this initial period. Many of the supported families were found to be in need of assistance to meet their basic needs, such as food, water, and cash for children's school fees. The team referred these families to the appropriate organizations and survivors were linked to the survivors' network for further emotional support and services.

In addition to being placed under quarantine, delivery of an EVD positive result to the family members is an incredibly delicate and stressful situation. As such, this difficult task has was assigned to the Contact Tracing Supervisors and Monitors, in order not to impede the support of psychosocial workers afterwards. ACF conducted trainings for the Supervisors and Monitors on how to deliver this very sensitive information in a manner that was informative as minimally distressing as possible.

Community Outreach

Hotspots were given priority during this quarter. With the significant decrease in cases and while ensuring that those highly affected communities were followed, outreach to rural communities and took place: several communities that had been hit at the beginning of the outbreak had never received any psychosocial support. Therefore many new clients started the follow-up.

During regular follow-up visits, ACF psychosocial workers identified many children who had lost one or both primary caregivers during the EVD crisis. Many of these children had stopped going to school because of lack financial means or a support system, coupled with ongoing stigmatization as a result of their being associated with EVD, and were in need of psychosocial support and material assistance.

During the national psychosocial meetings with partners, there is a clear need to provide support to the orphans who have been left out of the support strategies. The MoH developed a mapping process for all orphans whom caregivers were affected by EVD. ACF assisted in this process by submitting the list of EVD orphans for whom they were providing psychological support and continues to follow-up with the MoH to ensure delivery of services to those children.

In order to participate in reestablishing social structures in the communities, ACF organized 19 focus group discussions during this quarter. The discussions tackled stigmatization and discrimination as well as conflict resolution among the community leaders, task force and community members to address tensions that have come about as a result of the Ebola outbreak. Emotional debriefing sessions on grief and group discussions on stress management were also provided to certain communities and families.

Preparation of Psychological First Aid (PFA) Trainings for Teachers

With the reopening of the schools, a national plan has been designed to prepare the teachers to deal with issues related to EVD. ACF was focused on the PFA training for contact tracers and could not take part of the Phase 1. However, ACF supported Phase 2 roll-out. The allocation of schools to partner organizations for phase 2 rollout is being managed by the Ministry of Education (MoE) in close coordination with UNICEF and the WHO. In the upcoming quarter, ACF has committed to providing PFA trainings to teachers in at least 30 schools in Montserrado, to be assigned through the MoE and the education cluster.

III. Indicator Tracking

Table 1: Objective Achievements for Project by Indicator

Sector Name: Health								
Objective: To support the Government of Liberia response to Ebola Virus Disease outbreak.								
Sub-Sector: Health Systems and Clinical Support								
Indicator No.	**Indicator**	**Unit**	**Target**	**Q2**		**Cumulative**		**Remarks**
Indicator 1 (OFDA)	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary).	Hospital	75	0		0		This indicator was revised during Q1 to disaggregate by type. In addition, 7 facilities visited in Q2 were closed and therefore the type is unknown.
		PHCL1		18		42		
		PHCL2		11		39		
		HC		2		6		
		Unknown / Not disaggregated from Q1		7		79		
		Total	75	38		166		
Indicator 2 (OFDA)	Number of health care providers trained by type (e.g., doctor, nurse, community health worker, midwife, and traditional birth attendant), disaggregated by sex.			**M**	**F**	**M**	**F**	
		Case Investigators	74	0	0	44	43	In Q2, 58 previously trained case investigators (20M / 38F) attended a refresher training.
		Contact Tracers	300	11	7	241	200	Upon further review, the Q1 indicators were corrected to indicate training for 230 M / 193 F Contact Tracers, 2 M / 3 F Contact Tracing Monitors and 12 M / 4 F Contact Tracing Supervisors. The cumulative totals reflect these corrections.[1]
		Contact Tracing Monitors	8	3	2	5	5	
		Contact Tracing Supervisors	22	7	3	19	7	
		Community Liaison Officers	22	0	0	19	4	
		Data Managers	5	0	0	7	0	
		Data Volunteers	40	3	1	27	5	
		Burial Team Supervisors	2	1	0	2	0	

[1] At the height of the Ebola outbreak in Q1, there were multiple methods and sources already being used which ACF used to capture information. However, there were overlaps and gaps in the data presented in Q1, which were corrected later by further investigation. In Q2, ACF streamlined the process, so there is now one method and source for capturing this information.

		Burial Team Members	80	62	10	99	18	
		Disinfection Team Members	20	0	0	13	7	
		Swab Collection Personnel	--	15	8	15	8	
		Total	573	320		830		
Indicator 3 (OFDA)	Number of consultations, disaggregated by sex and age, per quarter.	Case Investigations	N/A	**M**	**F**	**M**	**F**	During Q2, ETUs and Burial Team data was added to sector data. Cases disaggregated by age will begin in Q3.
				325	196	819	666	
		Total	N/A	521		1,485		
Indicator 4 (non-OFDA)	Percentage of cases investigated within 24 hours of the request being received from the Ebola Dispatch Unit (EDU).	Percentage	100%	N/A		N/A		The EDU system is not configured in a way that allowed this data to be tracked. In Q2, the IRC worked with case investigation teams to track the time between when the team received a call from the EDU and when they arrived to the case, with 100% being within 24 hours.[2]
Indicator 5 (non-OFDA)	Number of Ebola referrals from health facility triage to the Ebola Dispatch Unit during the past quarter.	Referrals	N/A	11		96		
Indicator 6 (non-OFDA)	Number of Montserrado Country health facilities mapped.	Facilities	240	24		173		Q2 facilities mapped only reflects January and part of February, at which point the mobile data collection system experienced a problem that was unable to be fixed prior to iLab terminating as a partner.
Indicator 7 (non-OFDA)	Percentage of MTI-supported Montserrado Health Facilities with up-to-date IPC status mapped.	Percentage	100	N/A		N/A		As the mobile data collection system is no longer available, there is no percentage of facilities mapped available.[3]
Indicator 8 (non-OFDA)	Percentage of case investigation forms received by the MCHT data team and entered into the VHF/DHIS2 database each week.	Percentage	100	100		100		
Indicator No.	**Indicator**	**Unit**	**Target**	**Q2**		**Cumulative**		**Remarks**

[2] The 100% within 24 hours refers to the time between when the CI team gets the call from EDU (step 2) to when they arrive to the persons' house (step 3). There is still no way to know when the call arrived to the EDU (step 1), as their protocols and record keeping don't allow it. The 100% refers to step 2 and 3, but not step 1 and 3.

[3] Flaws in iLab's system prevented accurate mapping, and were not corrected prior to iLab's termination as a Consortium partner, so what was reported during Q1 is not applicable.

Indicator 1 (OFDA)	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	Aprons, disposable	--	2400	2790	
		Aprons, reusable	--	578	843	
		Bio-Waste Plastic	--	899	916	
		Backpacks	350	56	206	
		Body Bag	--	226	347	
		Buckets	40	182	390	
		Case Investigation Forms	N/A	1000	2,800	
		Chlorox 475ml	--	45	45	
		Chlorox 4L	--	1	1	
		Chlorine solution (45kg)	50	409	1331	
		Face Mask	500	4360	6498	
		Flashlight / torch	--	9	9	
		Fuel, Vehicle	27,684	3,651	6,976	
		Fuel, Generator	--	570	570	
		Gloves, latex (pc)	20,700	823	14,844	
		Gloves, heavy duty (pr)	480	1,450	3,096	
		Gloves, surgical (pr)	--	9,888	13,180	
		Gloves, reusable	56	1,053	2,484	
		Goggles	330	1,150	1,770	
		Hand sanitizer	954	1,983	6,412	
		Headlamps	--	12	12	
		Internet, dongle & subscriptions	4	8	16	
		Laptops	8	2	7	
		Ledgers	--	10	10	
		Mobile phones	--	12	12	
		Mobile phone credit (USD)	20,835	9,800	17,188	
		Notepads	--	13	13	
		Overall, suits	50	138	524	
		Paper, A4	--	9	9	

Indicator 1 (OFDA) (continued)	Number of supplies distributed by type (e.g., medical kits, equipment, consumables).	Pens (packs)	--	40		40		
		PPE kits (Overall)	5,560	3,101		4600		
		Printer	2	2		2		
		Rain Boots	528	705		1,303		
		Rain Gear	406	40		319		
		Scanner	2	0		1		
		Shoe covers	80	165		487		
		Soap, liquid	--	4		8		
		Sprayer, backpack, 12L	74	203		371		
		Sprayer, handheld, 1L	--	35		53		
		Staplers	--	16		16		
		Staples (pack)	--	14		14		
		Thermoscan	40	210		381		
		Toner	--	2		2		
Indicator 2 (OFDA)	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables.		102	**M**	**F**	**M**	**F**	
		Burial Team Members		77	18	129	33	
		CLO and Contact Tracers		48	37	120	92	Trained to use infrared thermometers
		Facility Sanitation Workers		15	10	15	10	Trained in operating incinerators in Q2
		Total	102	63	47	186	119	
Indicator 3 (OFDA)	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week.	Facilities	N/A	274 / 563		440 / 825		This indicator is more accurately reflected by the percentage of facility visits in which the facility reports stock out, as reported here.
		Percentage	≤ 10%	48.7%		53%		
Indicator 4 (non-OFDA)	Number of facilities with a supply of Case Investigation forms during the past quarter.	Facilities	75	N/A		N/A		The MCHT maintained that case investigation would not be initiated at health facilities, and forms were therefore not needed.

Sub-Sector: Communicable Diseases

Indicator No.	Indicator	Unit	Target	Q2	Cumulative	Remarks
		Burial Teams	10	11	17	

Indicator 1 (non-OFDA)	Number of program-supported burial teams that are active and operational.	Disinfection Teams	5	0	7	
		Total	15	11	24	
Indicator 2 (non-OFDA)	Percentage of dead bodies removed within 24 hours of request.	Percentage	90	96	96	
Indicator 3 (non-OFDA)	Number of households receiving a Solidarity Kit voucher.	Households	N/A	N/A	N/A	Kits were proposed as a stop-gap measure, however, other partners improved systems for delivering this type of support, and they were not needed.
Indicator 4 (non-OFDA)	Number of EVD contacts registered	Contacts	N/A	4,625	21,835	Upon further review, the Q1 indicator was corrected to be 17,210 contacts. The cumulative total reflects this correction.[4]
Indicator 5 (non-OFDA)	% of people entering ETUs (suspected, probable, or confirmed cases) generating contacts.	Percentage	90		N/A	At the end of Q2, IRC began tracking this information for all case investigations (ETU, Burials, Community) and it will be available in Q3.
Indicator 6 (non-OFDA)	% of EVD contacts completing minimum 21-day follow up.	Percentage	≥ 95	98.2	98.2	(# contacts competing 21 days) / (# contacts completing 21 days + #contacts lost to follow-up)
Indicator 7 (non-OFDA)	% of contacts lost to follow up (contacts not seen for 3 consecutive days are considered as lost).	Percentage	≤ 5	0.7	0.9	Upon further review, the Q1 indicator was corrected to be 0.98% LTFU. The cumulative total reflects this correction.
Indicator 8 (non-OFDA)	% of Ebola cases investigated by Montserrado County Case Investigation Teams that are mapped.	Percentage	100	N/A	N/A	Limited access to MoH data has made it impossible to capture this indicator in Q2.
Indicator 9 (non-OFDA)	% of ACF traced contacts entered into MoH database each week.	Percentage	100	N/A	N/A	Limited access to MoH data has made it impossible to capture this indicator in Q2.
Indicator 10 (non-OFDA)	Number of partial burn incinerators and ash pits constructed at supported health facilities	Incinerators	30	12	12	

Sector Name: PROTECTION

Objective: Reduce levels of stress, fear and stigma for EVD-affected families with specific attention to children, mothers, and front-line health workers in Montserrado County

Sub-Sector: Psychosocial Support Services

Indicator No.	Indicator	Unit	Target	Q2		Cumulative		Remarks
		Person		M	F	M	F	

[4] In Q1, there were multiple methods and sources already being used, which ACF used to capture information. However, there were overlaps and gaps in the data presented in Q1, which were corrected later by further investigation. In Q2 ACF streamlined the process, so there is now one method and source for capturing this information.

Indicator 1 (OFDA)	Number of people trained in psychosocial support, disaggregated by sex.		300	72	46	157	108	
Indicator 2 (non-OFDA)	Number of households receiving one or more psychological support visits.	Household	840	365		688		
Indicator 3 (non-OFDA)	Number of referrals made by contact tracing teams to MoH or ACF social workers.	Referrals	N/A	251		261		
Indicator 4 (non-OFDA)	Number of PFA trainings given to other national and international NGO or MoH staff.	Training Sessions	18	8		8		

IV. Constraints and challenges

The establishment of the Montserrado IMS (M-IMS) and the rollout of the Sector Approach in early 2015 was not without challenges, and in Q2 all Consortium partners expended significant efforts to ensure that this transition did not slow the progress that the County was making. The aim of the Sector Approach was to create four geographic areas (based on the existing boundaries used by the case investigation teams) that would each have the capacity and authority to manage all elements of a holistic response. While the decentralized management of the response in Montserrado may have been an appropriate intervention during the height of the epidemic, the introduction of the M-IMS and Sectors came at a time when with cases were already in steady decline, and systems were finally coming together for better management of cases and contacts. At a time when we needed to tighten up those systems that were already working, the M-IMS introduced new actors and layers of bureaucracy that spread the response out, and diluted what had become a core group of partners and responders with a strong collective understanding of the work that was going on in the field, and were making substantial gains toward the goal of an EVD-free Montserrado.

As a result, there was confusion surrounding roles and responsibilities, resulting in overlaps and gaps in services, mixed messages, information flow problems and logistical challenges for partners inside and outside of the Consortium. To mitigate this, the Consortium re-asserted its role in the County's response, with partners earning seats as the chair and co-chair of the Case Detection Pillar in the M-IMS, and taking on operational and coordination support roles in the Sectors. The Consortium also organized regular meetings with other actors who took on roles in the Sectors (WHO, CDC, MSF) to ensure shared understanding of how systems were working and facilitate information sharing. As a result of these efforts, the Consortium successfully helped mitigate the risk that the introduction of new leadership and structures would set back the progress the county was making, but the time and effort that went into coordinating partners and adjusting to new strategies as the M-IMS went through these growing pains presented a significant challenge for the reporting period under review.

Additionally, Consortium partners continued to face challenges as a result of weak government systems, particularly in the areas of fleet management, supply chain, and human resources. For case investigation, chronic delays in payment of salaries for case investigators and ambulance crews made it hard to keep response teams motivated to continue their work. Additionally, MoH vehicles committed for use by the case investigation and contact tracing teams never materialized, and the IRC and ACF had to adjust to this, first by renting, and later by taking vehicles on loan from UNMEER. The investigation of some cases was also hindered by poor management of ambulance teams, with vehicles frequently in disrepair, without fuel, and without crews. On multiple occasions, the IRC had to provide emergency fuel deliveries or CI teams had to call private ambulances to facilitate the transfer of cases to facilities.

Technical issues with MoH data management systems, poorly defined policies on data use and access, and limited access to crucial data such as contact listings and lab results posed challenged for all partners, especially ACF in their role supporting contact tracing. Having to find ways around inefficient systems and not being able to compare records generated in the field to those kept by the MoH created significant challenges for providing effective and quality support, and in providing real time, accurate information about the contacts under follow-up.

An additional challenge in Q2 was shortages of IPC supplies both nationally and internationally leading to stock outs of essential IPC materials at facilities. Basic and enhanced PPE were particularly hard to keep stocked at facilities, and slow and bureaucratic MoH procurement systems exacerbated the issue. Additionally, as the MCHT

requested support from more IPC partners, confusion about which partners were covering certain facilities resulted in mixed messages to facility staff. Facility staff become overwhelmed by the number of visits and confused by various messages communicated by the different actors.

While stigma, fear, mistrust and misinformation reduced from Q1 to Q2, they are still present with communities and affect the work done by the Consortium. MTI noted that resistance and refusal by some facilities to follow IPC protocol continues to be a challenge. Case investigators, contact tracers and burial teams continued to face some resistance when visiting households, although less than in the previous quarter. Secret burials and a growing preference of people to utilize funeral homes as the epidemic slowed were also a challenges in the second quarter, and Global Communities is working with the government, funeral homes, and communities to try to mitigate the risks of unsafe burials and untested bodies by exploring more appropriate methods for this stage of the emergency, such as swabbing at funeral homes, and community-led safe burials.

Finally, as the end of quarter two saw extended periods with no new cases, there was a distinct shift thinking from dealing with the crisis at hand to looking towards transitioning back to more sustainable systems. With this shift in thinking came the establishment of several temporary structures and planning committees, but there is still a lack of leadership, and very little clarity on what the County's vision for the transition and post-Ebola health system is. It is also proving difficult to get a clear sense of what development partners have planned for Montserrado in order to align transition plans with ling-term support. The Consortium partners will continue to engage relevant actors to ensure that our work moving forward maintains the necessary prevention, detection and response capacity required while Ebola remains in the region, while being careful to transition into a more sustainable surveillance system.

V. Activities for the following quarter

As the Consortium moves into the third quarter of the project, the focus will be on continually improving services and systems while engaging relevant partners to help shape a plan to transition response capacity into the normal systems and structures of the County Health Team in order to ensure sustainability. Accordingly, in Q3, the main focus of the Consortium will be to work closely with the MoH, MCHT, M-IMS, WHO, CDC and other implementing partners to plan transition activities.

Consortium partners will continue improving and expanding the work they are doing as well. The IRC will continue to place case investigators within the burial teams in coordination with GC. The IRC is also planning a refresher training for CIs to reinforce skills in how to conduct quality case investigation. Improving these transferable skills for case investigators not only improves the quality of the Ebola response, but also strengthens the capacity of the cadre of health workers who will be returning to the MCHT to play essential roles in MCHT disease surveillance.

The IRC will continue to co-coordination Sector 2 as well as operational and logistic support to Sectors 2 and 3 as long as the Sector system remains active. The IRC will also continue to utilize Sector Managers to improve the quality of our reporting, strengthen supervision of CI teams and streamline the distribution of materials to case investigation teams.

From MTI, the IPC teams will continue to coach facility staff in implementing the IPC protocol and distributing IPC supplies, however, the message to the facilities will begin to change. The teams will communicate how to do

basic disease surveillance and reporting to the MCHT. Also, teams will communicate the need for use of basic IPC procedures at all times, not just for Ebola. Establishment of incinerators and triage and isolation units will continue.

As the end of the project approaches, MTI will begin strategizing on scaling down IPC support activities in Montserrado County. Some facilities will be handed over to other supporting partners while others will be supported by the MCHT. Additionally, MTI will continue to strategize with the Consortium on how to assist the MCHT design and implement a disease surveillance system. The system will connect all levels, from the community to the CHT to ensure that diseases are caught early before reaching epidemic proportions.

In the third quarter, Global Communities will continue the co-coordination of Sector 4 as well as logistical and operational support of the base. Global Communities will also continue to expand the number of burial teams in Montserrado County to cover for the pull out of other safe and dignified burial actors, while building relationships with funeral homes and hospitals to increase the number of swab tests conducted, and working with communities to find more sustainable methods for safe management and surveillance of dead bodies. Global Communities will also continue to improve the quality and efficiency of the specimen transport within Montserrado County.

ACF will continue to focus on improving the quality of field activities and data management through routine checks and refined protocols. A critical assessment of overall contact tracing activities and performance is currently ongoing. Additionally, determining how to transition the current contact tracing activities and resources to a sustainable strategy headed by the MCHT is a priority. Finally, strengthening the role of CLOs within the communities and referring affected individuals to the ACF Psychosocial Team will be reinforced.

ACF plans to work with other partners for the immediate transition plan for the restoration of health services in regards with providing psychosocial support, PFA, and mental health services at schools. In addition, ACF has been requested by the MoE to carry out PFA training at schools for school teachers. ACF will continue to carry out psychosocial support for EVD-affected families, communities and individuals, including survivors. Additionally, ACF has been requested to provide PFA training for psychosocial workers embedded with the case investigation teams. ACF proposes to provide support to the initiatives and activities associated with the memorializing of Ebola Victims through “community healing, grief and loss” programming.

Overall, the Consortium will use quarter three to continue to enhance coordination among its internal and external to improve quality of services, reporting and supply chain management, while also planning strategically for the transition phase of the response.